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I.

BIOGRAPHICAL SKETCH OF JOHN
HUNTER.

THE celebrated John Hunter, one of the greatest anatomists that ever lived, scarcely received any education whatever until he was twenty years old. He was born in the year 1728, in Lanarkshire; and being the youngest of a family of ten, and the child of his father's old age, would seem to have been brought up with the most foolish and unfortunate indulgence. When he was only ten years old his father died; and under the charge of his mother it is probable that he was left to act as he chose, with still less restraint than ever. Such was his aversion at this time to anything like regular application, that it was with no small difficulty, we are told, he had been taught even the elements of reading and writing; while an attempt that was made to give him some knowledge of Latin (according to the plan of education then almost universally followed in regard to the sons of even the smallest landed proprietors in Scotland), was, after a short space, abandoned altogether. Thus he grew up, spending his time merely in country amusements, and for many years without even thinking, as it would appear, of any profession by which he might earn a livelihood. It was, however, found necessary at last, that

something should be determined upon in regard to this point; for the family estate, such as it was, had gone to his eldest brother, and the father had made no provision for maintaining John any longer in idleness. So, destitute as he was of all literary acquirements, there was no other resource for him except some business that would give employment to his hands rather than his head; and one of his sisters having married a cabinet-maker, or carpenter, in Glasgow, it was resolved he should be bound apprentice to his brother-in-law. With this person, accordingly, he continued for some time, learning to make chairs and tables; and this probably might have been, for life, the employment of the genius that afterwards distinguished itself so greatly in one of the most important walks of philosophic discovery, but for circumstances which, at the time when they occurred, were doubtless deemed unfortunate. His master failed, and John was left without any obvious means of pursuing even the humble line of life on which he had set out. He was at this time in the twentieth year of his age. His elder brother, William, afterwards the celebrated Dr. Hunter, had very recently settled as a medical practitioner in London; but had already begun to distinguish himself as a lecturer and anatomical demonstrator. To him John determined to address

himself. The rumor of the one brother's success and growing reputation had probably, even before this time, awakened something of ambition in the other, with a wish to escape from the obscure fortune to which he seemed destined. John now wrote to his brother, offering him his services as an assistant in his dissecting-room, and intimating that if this proposal should not be accepted, he meant to enlist in the army. Fortunately for science, his letter was answered in the way he wished. On his brother's invitation, he set out for the metropolis. He was now put to work in the manner in which he had requested to be employed. His brother, we are informed by Sir Everard Home, his first and best biographer, gave him an arm to dissect, so as to display the muscles, with directions how it should be done; and the performance of the pupil, even in this his commencing essay, greatly exceeded the expectations of his instructor. The doctor then put into his hands another arm, in which all the arteries were injected, and these, as well as the muscles, were to be exposed and preserved. So satisfied was Dr. Hunter with his brother's performance of this task, that he assured him he would in time become an excellent anatomist, and would not want employment. Perhaps, although we do not find it so stated by any of his biographers, he may have felt an advantage, in making these preparations, in the habits of manual dexterity acquired during his apprenticeship to his first business.

So rapid, at all events, was the progress which he made in the study of anatomy, that he had not been a year in London when he was considered by his brother as quali-

fied to teach others, and was attended accordingly by a class of his own. His talents, and the patronage of his brother, brought him now every day more and more into notice. It does not belong to our purpose to trace the progress of his success after this point. We may merely remark, that long before his death he had placed himself, by universal acknowledgment, at the head of living anatomists; and was regarded, indeed, as having done more for surgery and physiology than any other investigator of these branches of science that had ever existed.

The important discoveries, and peculiar and most original views, by which John Hunter succeeded in throwing so much new light upon the subject of the functions of animal life, were derived, as is well known, principally from the extraordinary zeal, patience and ingenuity, with which he pursued the study of comparative anatomy, or the examination of the structure of the inferior animals as compared with that of man. To this study he devoted his time, his labor, and it may be said his fortune; for nearly every shilling that he could save from his professional gains was expended in collecting those foreign animals, and other rare specimens, by means of which he prosecuted his inquiries. When his income was yet far from being a large one, he purchased a piece of ground at Earls' Court, in the village of Brompton, and built a house on it to serve as a place of deposit for his collections. The space around it was laid out as a zoological garden for such of his strange animals as he kept alive. Even when most extensively engaged in practice, he used to spend every morning, from sun-rise till

eight o'clock, in his museum. Yet, in addition to his private practice, and a very long course of lectures which he delivered every winter, he had for many years to perform the laborious duties of Surgeon to St. George's Hospital, and deputy-surgeon-general to the army,—superintending at this time, also, a school of practical anatomy at his own house. Still he found leisure, in the midst of all these avocations, not only for his experiments upon the animal economy, but for the composition of various works of importance, and for taking an active part both in the deliberations of the Royal Society, of which he had been early elected a Fellow, and in other schemes for the promotion and diffusion of natural knowledge. He was the originator, in particular, of the *Lyceum Medicum Londinense*,—a medical society comprising many eminent individuals, which met at his lecture-rooms, and rose to great reputation. That he might have time for these multiplied objects of attention, he used to allow himself to sleep only four hours at night, and an hour after dinner.

In order to procure subjects for his researches in comparative anatomy, his practice was to apply to the keeper of the wild beasts in the Tower, and the proprietors of the other menageries in town, for the bodies of such of their animals as died, in consideration of which he used to give them other rare animals to exhibit, on condition of also receiving their remains at death. His friends and former pupils, too, were wont to send him, from every part of the world, subjects for his favorite investigations. "In this retreat (at Brompton), he had collected," says Sir Eve-

rard Home, "many kinds of animals and birds; and it was to him a favorite amusement, in his walks, to attend to their actions and their habits, and to make them familiar with him. The fiercer animals were those to which he was most partial, and he had several of the bull kind from different parts of the world. Among these was a beautiful small bull he had received from the Queen, with which he used to wrestle in play, and entertain himself with its exertions in its own defence. In one of these conflicts, the bull overpowered him and got him down; and had not one of the servants accidentally come by, and frightened the animal away, this frolic would probably have cost him his life." On another occasion, "two leopards," says the same biographer, "that were kept chained in an out-house, had broken from their confinement, and got into the yard among some dogs, which they immediately attacked. The howling this produced, alarmed the whole neighborhood. Mr. Hunter ran into the yard to see what was the matter, and found one of them getting up the wall to make his escape, the other surrounded by the dogs. He immediately laid hold of them both, and carried them back to their den; but as soon as they were secured, and he had time to reflect upon the risk of his own situation, he was so much affected that he was in danger of fainting."

Mr. Hunter died in the sixty-sixth year of his age, in 1793. After his death, his museum was purchased by parliament for the sum of fifteen thousand pounds; and it is now deposited in the hall belonging to the Royal College of Surgeons, in Lincoln's-Inn-Fields. It is understood to contain about

twenty thousand anatomical preparations, which are arranged so as (in the language of Sir Everard Home) "to expose to view the gradations of nature, from the most simple state in which life is found to exist, up to the most perfect and most complex of the animal creation,—man himself." The extreme beauty of these preparations is striking even to an unlearned eye; and their scientific value is such as to render the collection one of the most precious of the kind in the world. It is certainly one of the most splendid monuments of labor, skill and munificence, ever raised by an individual.

It is important to remark that, with all his powers, this wonderful man never entirely overcame the disadvantages entailed upon him by the neglect in which he had been allowed to spend his early years. He used to dwell, we are told, on the advantage which is gained in regard to clearness of conception, by the committing of one's ideas to writing, comparing the process to the taking of stock by a tradesman, without which he cannot know with certainty either what he has or what he wants. Yet he himself continued to the end of his life an awkward, though by no means an unpractised writer. After coming to London, he entered himself at St. Mary's Hall, Oxford, probably with the view of being able to maintain at least some pretension to scholarship, but it does not appear that he carried his assumption much farther. He attained little acquaintance with the literature even of his own profession; and it not unfrequently happened indeed, we are told, that upon communicating a supposed disco-

very of his own to some one of his more erudite friends, he had to suffer the disappointment of learning that the same thing had been already found out by some other well-known anatomist. But he felt his literary deficiencies chiefly as a lecturer, the capacity in which his more regularly educated brother excelled. It is asserted by Dr. Adams, who has written a life of John Hunter, that he always used to swallow thirty drops of laudanum before going to lecture. If these were heavy penalties, however, which he had to pay for what was not so much his fault as that of others, the eminence to which he attained in spite of them, is only the more demonstrative of his extraordinary natural powers, and his determined perseverance.—*Library of Entertaining Knowledge.*

II.

REMARKS ON THE USE OF SPIRIT OF TURPENTINE IN INCARCERATED HERNIA.

By C. B. HAMILTON, late Surgeon of the Marine Hospital at Washington City.

IN the last number of this Journal, I have noticed a paper, by Professor Sewall, on the use of spirit of turpentine internally, as a remedy in incarcerated hernia. In his concluding paragraph the Professor observes, "It requires the experience derived from many cases, to entitle a new remedy to confidence;" and it may be added that a proper application of a remedy to those diseased conditions of the system, in which, from analogy and reason confirmed by experience, it is found to prove beneficial, is equally necessary to sustain that confidence when it is acquired.

I have for many years used the spirit of turpentine in incarcerated hernia, without being aware that it was a new remedy, and without its being in every instance successful; for in one case in which I employed it as a dernier resort, upon the patient's positively refusing to submit to an operation, no mitigation of the disease, but rather an aggravation of suffering, resulted from its exhibition. This was a case of omental inguinal hernia, and the patient died with all the symptoms of supervening mortification. That the hernial sac contained a portion of omentum only, I inferred from the bowels yielding to the operation of purgative medicine, which could not have been the case had a portion of the intestinal tube been shut up by the stricture: the stricture in this case was in the tendon forming the ring, and therefore beyond the immediate influence of a remedy applied to the stomach. Among the earlier recollections of my boyhood, is the use of the spirit of turpentine in spasmodic or flatulent colic; and a case that came under my observation when about ten years of age, served to fix its use in this disease indelibly on my memory. This was a case in which an uterine inflammation succeeding to concealed abortion, in the person of a servant girl, was mistaken by her mistress for colic, and the turpentine administered with the most melancholy effect.

Being called to a case, some years ago, of strangulated scrotal hernia, of but a few hours standing, which, from the great distension of the strangulated bowel by flatus and excrement, resisted all my efforts at reduction by taxis, I was naturally led to spe-

culate upon the cause of so great and sudden an accumulation in the gut. It struck me that if the occluding stricture existed in the abdominal ring, it must necessarily act alike upon the descending and ascending portions of the intestine, and that of course nothing could be derived to the incarcerated portion from that within the abdomen, to give it the volume it possessed. It therefore occurred to me that the descending portion of the tube was free, and that the distension was caused by a stricture taking place in the muscular fibres of the ascending portion, and arresting the passage of the contents of the bowels brought down by the peristaltic motion. Considering this state of things to differ in no particular from that which takes place in spasmodic colic, I at once resolved to make trial of the turpentine, the good effects of which I had so often witnessed in the latter disease, and it succeeded beyond my most sanguine anticipations. In a few moments the contents of the strangulated bowel were spontaneously removed, and the intestine restored to the abdominal cavity by taxis, with perfect ease.

About twelve months since, I was called to a colored man, the property of John Addison, Esq., of this district. On my arrival, I was informed by his master that he had been for many years afflicted with scrotal hernia; that he had been in the habit of reducing it himself; that a few hours before he had been seized with severe pain in the part, and that the rupture now resisted his usual efforts to reduce it. On examining the patient, I found the scrotum so enormously enlarged that no trace of a penis could be seen;

the integuments were cold to the touch, and the swelling elastic. The patient informed me that a short time before the attack of pain, he had eaten a quantity of unripe fruit, and ascribed his situation to that cause. Without making any attempt at reduction, I inquired if there was any spirit of turpentine in the house; and fortunately about the half of a common-sized wineglassful was produced, which I immediately administered. The relief was instantaneous; the spasm was removed; the air and fæces, by the elastic pressure of the intestine, was carried upwards with a gurgling sound into its continuous portion within the abdomen, and in five minutes after, the patient with his own hand reduced the rupture.

I have made these remarks for the purpose of directing the attention of practitioners to what I consider to be the only condition of the parts (which, by the way, might, I conceive, be properly termed a scrotal colic) in which the turpentine proves an invaluable remedy, and to express my opinion of the impropriety of administering it in those cases where the obstruction arises from a stricture of the tendon forming the abdominal ring, or from chronic enlargement of the incarcerated viscera.—*Amer. Journal of the Medical Sciences.*

III.

REMARKS ON THE EXCISION OF CARTILAGINO-BONY SUBSTANCES FROM THE KNEE JOINT, WITH A CASE.

By SAMUEL C. BRADBURY, M.D., of Bangor, Penobscot county, Maine.

In his observations on the excision of cartilaginous substances from

the knee joint, after speaking of "the perilous symptoms sometimes following wounds of the knee joint," Mr. Samuel Cooper says, "Small as the chance is of losing the limb, and even life, in the attempt to get rid of the disease, since the inconveniences of the complaint are in most cases very bearable, and are even capable of palliation by means of a bandage, endangering the limb and life in any degree must seem to many persons contrary to the dictates of prudence." But the same surgeon says further, "If a man be deprived of his livelihood, by not being able to use his knee; if he cannot or will not take the trouble of wearing a bandage; if he be urgently desirous of running the risk of the operation, after things have been impartially explained to him; if a bandage should not be productive of sufficient relief; and lastly, *if excessive pain, severe inflammation of the joint, a great deal of symptomatic fever, and lameness, should frequently be produced by the complaint, I think it is the duty of the surgeon to operate.*"

Now it appears to me, these are the very circumstances under which the operation would most likely be followed by perilous symptoms. That cutting into a joint already much inflamed,* or, if I may use the expression, in a state tending to inflammation, with high symptomatic fever, and perhaps in a highly irritable or

* It appears to us that our correspondent has misapprehended Mr. Cooper, in supposing that he recommends the operation during the existence of inflammation in the joint; and we might adduce, in evidence of this, several observations from the same article in his Surgical Dictionary, quoted in the preceding paragraph.—Ed.

even tainted constitution, should be followed by still greater inflammation and danger, is what every surgeon might expect; and if the operation in question has sometimes "been followed by a violent inflammation, fever, and death itself," I think it may have been because it was performed on an improper subject, or at an improper time, or in consequence of improper treatment afterwards. It would seem that the most favorable circumstances for the operation, are a sound healthy constitution, and entire abstinence at the time of inflammation in the joint; and in this state of things, while the patient remains in a pure and healthy atmosphere, however dangerous or fatal the operation may have proved under opposite circumstances, or in crowded and tainted hospitals, I cannot believe the operation so hazardous as Mr. Cooper and others would have us believe; and I trust experience will prove that excision is the only sure and comparatively safe mode of relief, in cases such as the one I am about to describe. By delay, in tampering with knee-caps and bandages, in such cases, we every day endanger the production of the state of things above described by Mr. Cooper; a state at least as dangerous to the limb and life, as the operation, performed at a proper time on a suitable subject, can be; and a state which may forever preclude the reasonable hope of relief by the operation.

CASE.—Oliver Brooks, of Newport, a farmer, aged twenty-five, of robust constitution, consulted me on the 14th of July last, with two preternatural bodies in the

joint of the left knee. They were easily moved in different directions about the joint, and from one side of the patella to the other. The complaint was brought on about two years before by a severe strain, which laid him up for several weeks. At the time of consulting me, there was no inflammation or lameness of the joint, except when, in exercising the limb, these extraneous bodies came in certain positions of the joint. This he said would always happen on attempting to walk any considerable distance, and sometimes throw him down, as he expressed it, as suddenly as though he had been shot; causing severe pain and fainting at the time, and a degree of inflammation in the joint, which would occasionally confine him from his labor for several days.

I advised an operation, which was consented to, and which was performed in the following manner:—

The patient, sitting in the chair, with the limb extended and the heel on the floor, brought both the substances together, at the outer side of the articulation near the superior attachment of the capsular ligament, and assisted in confining them. Drawing the integuments a little towards the patella, I divided them, in a longitudinal direction, to the extent of an inch and a half, and then carefully made an incision through the capsular ligament, over the extraneous bodies, of a sufficient size for their exit. The wound was then accurately closed by adhesive plaster, compresses, and the uniting bandage. In two hours after the operation, a very severe pain came on in the knee joint, shooting up to the hip, which was

only relieved by large and repeated doses of ladanum and ether. In two or three hours more the pain entirely subsided, and never in any degree returned. The patient was kept in a horizontal position, with the limb constantly extended, for the first forty-eight hours. A strictly antiphlogistic regimen was enjoined, and as he had undergone no previous preparation, on the second day free evacuations from the bowels were procured by Epsom salt. No inflammation or fever followed the operation, the appetite remaining unimpaired, and sleep uninterrupted. On the third day, contrary to express directions, the patient walked on the limb for some distance, and in one week from the time of the operation resumed his usual labors, the joint being kept supported for some weeks with a large plaster of simple diachylon. The wound was but partially healed by the first intention; but soon healed entirely, and has since been perfectly well.

In this case the place of the incision was chosen, because the substances were not so easily brought together, or retained in any other position. The largest of these bodies was of a triangular shape, its longest side seven-eighths of an inch, and three or four lines in thickness; the outside cartilaginous and convex, the inside flat and bony.—*Id.*

IV.

NECROSIS OF HALF THE LOWER JAW.

Extraction of the Sequestrum by M. Dupuytren.

THE phenomena of an incarcerated sequestrum does not belong

exclusively to the long bones.—A woman, 30 years of age, pale, fat, and eminently *lymphatic*, had experienced, during the last two years, slight and transient pains in the left side of the jaw, when about eight months ago these increased so much as to disturb her sleep. The teeth, which till then had been white, assumed a greyish color, and the breath became fœtid. After a month of acute suffering, a fistula took place at the symphysis, within the base of the jaw; others soon showed themselves at various points nearer the angle, but always within the lower margin of the bone, and on the left side. One only formed to the right, about half an inch from the symphysis. The suppuration also burst into the interior of the mouth. The patient asserted that the pus only oozed from the gums; but the sequel proved that there was a true fistula internally. When she used a gargle, some of it always escaped by one of the four fistulæ. It was six months since the mastication had become painful and almost impossible, and since the molares of the affected side became loose. At this time, also, the soft parts which cover the anterior maxillary foramen almost entirely lost their sensibility, which could only have arisen from the destruction of the nerve. Tonic remedies were employed without avail: the pains continued to increase in severity, and the suppuration to augment in quantity. The disease was recognised by M. Dubois, but he having found the sequestrum to be immovable, advised the woman "to have patience."

She came to the Hotel Dieu the beginning of August, at which

time it was difficult to recognise the dimensions of the new bone amid the swelling of the soft parts; but it was ascertained to be very solid, and to inclose the old bone in its cavity. A probe introduced at one of the fistulæ, gave the idea of a moveable body, and even caused a noise, which was audible at a certain distance.

On the 17th of August, the following operation was performed:—The patient's head being fixed by an assistant, M. Dupuytren laid the two posterior fistulæ into one, by an incision about an inch long; then, cutting deeper, he opened, at its lower part, the bony cavity which contained the sequestrum. By means of the common pincers, he removed, not without some effort, a plate of bone, two inches long and one in breadth, and a line and a half thick. The forefinger introduced to the bottom of the wound, discovered another portion of bone, moveable and denuded, situated at the back part. The pincers were again applied, and extracted a triangular fragment, which proved to be the angle of the jaw. The finger of the operator traversed freely every part of the cavity, and felt the naked roots of the teeth;—those of the molares were loose, and M. Dupuytren debated with himself, whether, under such circumstances, they could live. The transplanting of teeth has so frequently succeeded, that it appears probable that in this case they will not perish, but recover their solidity by an approximation of the bone, from which they are now some lines distant. A *meche* was introduced into the wound, and the dressing completed with dry charpie.

From this time the matter only passed by the wound,—the mouth was no longer infested with it. A large opening existed between the cavity of the mouth and that of the new bone, and between this last and the exterior. This communication existed before; but the absence of the sequestrum now rendered it more pervious, so that the gargle readily escaped by the wound. After a few days the wound was not filled with the charpie, and it began to contract. The bony pouch contracted every day, if we may judge from the teeth becoming fixed, and from the quantity of fluid which passed from within outwards diminishing. The pain left her entirely.

Sept. 4th.—All the molares are now as fast as those of the opposite side.

6th.—M. Dupuytren has discovered, by means of a probe, that the other half of the jaw is also dead. He intends to operate on it when the sequestrum becomes mobile.—*Lancette Francaise*.

V.

A CASE OF EPILEPSY SUSPENDED BY A BURN ON THE SOLE OF THE FOOT.

Communicated for the Western Journal of the Medical and Physical Sciences, by Dr. H. E. GREEN, of Greenupsburgh, Ky.

On the 5th of October, 1827, I was applied to for advice in a case of violent epileptic fits. The subject was a colored man and a slave, about 48 years old, and of steady habits. It was about three months since the first attack; but he had complained, for twelve or eighteen months previously, of tension, uneasiness and pain about

the umbilical region. He had all this time done the work of a common laborer. The convulsions came on, without any previous notice, at each full and change of the moon, and he would have from four to ten at each attack. When I first saw him, he was moderately corpulent, and looked healthy; he said, however, that he was in a very costive habit, and frequently went two or three days without an evacuation.

I bled him, and ordered it to be repeated every ten or twelve days for two months; inserted a large issue in the nape of his neck; directed the daily use of pills composed of aloes, ipecacuanha, and the blue mercurial mass, and prescribed a simple diet. This course was continued for three months, without any sensible variation in the disease. He then took three grains of the nitrate of silver daily, for two months, with no better success. He now fell into the hands of a *patent steam doctor*, by whose engine he was nearly destroyed.

At length all hope of relief was despaired of, when in the month of January, 1829, in a severe fit, alone, he fell into the fire and burnt severely the whole of the bottom of the left foot. *It did not get well for about four months, during the whole of which time he had no fits, but exhibited every indication of returning health and vigor. As soon, however, as it was healed, the fits returned.*

Profiting by the hint afforded by this accident, I have put an issue into each ankle, the effect of which remains to be ascertained.

VI.

AN ACCOUNT OF A SINGULAR CASE OF FETAL MONSTROSITY.

By Dr. JOHN COOK BENNET, of McConnellsville, Ohio.

WHEN residing in Circleville, the following extraordinary case fell under my observation:—

A lady, in the sixth week of utero-gestation, was frightened in the street by the fighting of two dogs, one of which was mad. This was in the month of April. Immediately after the event, she was seized with uterine hemorrhage, which continued for twenty-four hours, and the same discharge returned, in a less degree, once a fortnight, till she suffered abortion in June. On the 30th of May, she was seized with a violent inflammation in the left eye, which returned for three successive days, and after an ineffectual resort to cupping and blistering, was cured by the loss of a quart of blood from the arm. On the 4th of June, the uterine hemorrhage returned. On the 5th, I was requested to visit her, and found that abortion was likely to take place, as tolerably strong uterine pains recurred every few minutes. I gave opium and laudanum freely, but the contractions of the uterus increased in violence; and in the evening, the liquor amnii was discharged. In half an hour after this occurrence, or about 8 o'clock, the arm of a fœtus presented, and soon afterwards delivery took place. The child was perfect, and weighed 3½ ounces. The placenta was thrown off about 11 o'clock, and weighed half an ounce more than the fœtus.

At 7 o'clock next morning, another placenta was discharged, weighing 5 1-2 ounces, and brought

with it, attached by an umbilical cord, a monster, of rather less than its own weight, resembling the body and head of a puppy. It was destitute of extremities and sexual organs, but had an anus and meatus urinarius. Its head was composed of brains only, and in its outline was essentially canine. It had neither eyes, ears, nor mouth, but was marked with lines and spots indicating the situation of those organs. It was not subjected to dissection.

At 4 o'clock, on the same day, another monster, with its placenta, was thrown off. It weighed 6 1-2 ounces, and the placenta 6. It resembled the first in all respects, except that there was attached to its back a mass resembling liver, which extended, widening and thickening, from the neck to the sacrum. When detached, it weigh-

ed one ounce, which was also the weight of the head. I was permitted to make a hasty examination of the thoracic and abdominal organs of this monster; and found them all natural, except perhaps that the liver was larger than is common in a fœtus of such a size. It weighed two ounces. I could not obtain permission to preserve either of the monsters, or scarcely to examine them, so unpleasantly were the feelings of the patient and attendants affected by the phenomenon.

The patient before delivery appeared like one in the sixth month of gestation. Her recovery was rapid.

I am aware that the account which I have given will be read with incredulity, but am prepared to substantiate all that it contains. *Western Journal.*

SKETCHES OF PERIODICAL LITERATURE.

OPHTHALMIA NEONATORUM.

UNDER this title, Mr. Wishart, of Edinburgh, has published an able article on the purulent ophthalmia of infants, of which we shall endeavor to present our readers a brief analysis.

The disease usually commences in from three days to four weeks after birth. The eyelids are first observed to be frequently glued together, so that the child has considerable difficulty in separating them, as is evident from the action of the muscles in opening the eyes. They are however generally open in a moderate light, and still more so if the room is darkened. On farther examination, the conjunctiva of the

ball is found clear, but that of the lids is observed to be red, puckered, and covered with a white, mild, thick slime. The difficulty of opening the lids, the intolerance of light, the swelling and redness of the conjunctiva, gradually increase as the disease advances. At length the lids remain constantly shut, and any attempt to separate them occasions great pain to the patient. This can only be effected during sleep, by moistening their edges with lukewarm water. On making the separation, a copious discharge takes place of thick mucus, varying in color from white to a greenish yellow, and often mixed with streaks of blood. The quantity of this is in proportion to the vio-

lence of the inflammation, and the length of time that the lids have been allowed to remain undisturbed. Still, however, the redness is confined to the conjunctiva of the lid, or if the ball is inflamed, the injected vessels are not so numerous but that they appear perfectly distinct.

At this period, an attempt to open the eye is not unfrequently followed by eversion of the lid. This eversion must be carefully replaced; otherwise the lining membrane thus exposed to the air becomes more red and swollen, and acquires the appearance and character of inverted *rectum*. It will sometimes happen that the lid cannot be reduced, and the eversion is permanent. This state of things is usually followed by the gradual failure of the patient.

An occurrence not uncommon at this stage of the disease, is a greater or less hemorrhage from the lids. This, though alarming, is a favorable occurrence; for by this bleeding turgid vessels are emptied, and the inflammation diminished. If, however, the progress of the disease is not checked, the symptoms which ensue are more formidable. In consequence of the swelling of the lids, the edges of the tarsus are contracted, and the matter secreted can no longer escape. Rendered acrid by confinement, it increases the inflammation of the eyeball, an ulcer forms on the cornea, which becomes gradually deeper till the membrane is perforated, and the consequences which ensue terminate only with the entire destruction of the organ.

Among the causes of this disease, the more obvious are those which

produce other complaints among the poorer classes,—namely, exposure to cold or dampness, or to a strong light, as in too suddenly admitting the glare of sunshine, or in dressing the child before a large fire. A much more frequent cause, however, than is generally suspected, is the existence of morbid uterine discharge, whether venereal or otherwise, in the parent at the period of delivery. More than two-thirds of the infants affected, are born of mothers laboring under leucorrhœa.

The complaint, when treated in the best way, seldom continues less than three weeks, and if neglected or unskilfully managed, may be protracted to ten or twelve. The morbid changes most frequently left by it, are the ectropium or eversion already mentioned, and opacity of a portion of the cornea. Neither of these occur except in the worst cases, and are for the most part owing to injudicious treatment.

With regard to the prevention of this complaint, two precautionary measures are suggested by the considerations already mentioned,—one, to remove if possible any morbid discharge existing in the parent previous to delivery, and the other, to wash the eyes of the infant carefully immediately after birth.

The disease, as already stated, seems to have a certain regular course, and a violent or sudden interruption of its progress would be dangerous to the patient. The following mode of treatment, however, is safe and effectual. If the case is seen within a week from its commencement, which is as soon as ge-

nerally happens, the purulent discharge is to be carefully washed away with warm water, and the following lotion ordered:—

R. Sulph. Zinci \mathfrak{D} i.
Aquaefont \mathfrak{Z} x. Solve et adde
Liq. Subac. Pl. \mathfrak{Z} i.
Tinct. Camph. \mathfrak{Z} i.— \mathfrak{Z} ij. M. et cola.

This is to be carefully injected three times in a day with a fine pointed ivory syringe; at first diluted a little with hot water, so as to be rendered tepid, in which state it answers better, especially in cold weather. If the discharge be very great, the intervals of its application must be abridged. In the state above mentioned, it generally produces pain, which continues from five to ten minutes; if the child cry longer than this, it ought to be diluted. In the mean time, the eyes are to be frequently washed with warm water, and at night a small quantity of the ung. ox. zin. is to be inserted between the lids. Leeches or scarification may be added to the treatment, if necessary.

At the end of two weeks, if the cure goes on well, the inflammation will have diminished, and the discharge will acquire a watery appearance. At this period, the ung. hyd. ox. rub. may be substituted for that above mentioned, and the lotion altered to the following:—

R. Mur. Hyd. gr. i.
Aq. Ros. \mathfrak{Z} vi. M. et adde
Vin. Op. \mathfrak{Z} iss. M. f. coll.

At the end of a month, it generally becomes unnecessary to use the syringe, and the collyrium may then be continued occasionally by dropping a portion on the inner angle of

the eye, and allowing it to pass over the surface.

The most usual sequelæ of purulent ophthalmia, as above mentioned, are opacity of the cornea and ectropium. The former complaint is removed in young infants without difficulty. The best treatment consists in the use of the ung. hyd. prec. at night, and the vin. opii, more or less diluted, in the morning. The eversion of the eyelid, when recent, is easily reduced, and rarely becomes permanent or irreducible, except in consequence of neglect. When it is so, however, the conjunctiva must be treated with the ung. hyd. prec., or some mild caustic, until the swelling is diminished, when an attempt must again be made to accomplish its reduction. The sooner this is effected, and the changed surface is withdrawn from the action of the air, the sooner will it return to its healthy state.

AMAUROSIS.

It has, we believe, been generally supposed, that the insensibility of the retina and optic nerves which constitute this disease, are always accompanied by want of irritability in the iris, and permanently dilated pupil. Dr. Robinson, of the Eye Dispensary in Edinburgh, has observed that these two circumstances have no necessary connection with each other. He has met with repeated instances in which the pupil was permanently dilated and immoveable, yet the vision not much impaired. On the other hand, cases of true amaurosis have occurred to him in which the

pupil was permanently contracted, while in others he found the iris as irritable as if vision had been perfect.

With regard to the remote causes of amaurosis, the disease is frequently hereditary, and is often observed to attack the successive generations of the same family at the same period of life. In persons predisposed to these attacks, they are very likely to recur from any cause which produces a determination of the blood to the head, and seem in these instances to be directly induced by pressure on the nerves of the organ. That the retina is very easily affected by slight changes in the circulation, there can be no doubt. Richter relates the

case of an individual who, when he held his breath and looked at a white wall, saw a kind of network, which appeared and vanished with the diastole and systole of the heart. The writer cites several cases in which amaurosis seemed evidently to depend on cerebral plethora, and in which general and local bloodletting were employed with a direct view to its removal, and with decided benefit. In one of these, the power of vision was to a great degree restored as soon as faintness was induced by the bleeding. As it appears that only part of Dr. R.'s cases are published, we hope to see this interesting point of pathology still further illustrated.

BOSTON, TUESDAY, NOVEMBER 24, 1829.

INFLUENCE OF THE AGE OF THE PARENTS ON THE SEX OF THEIR OFFSPRING.

THE interesting but mysterious subject of conception, and the laws, if any exist, which regulate the sex of the offspring, has received, of late years, an unusual share of the attention of the faculty. The following are the result of some researches on this subject, by Professor Hoffnacker, of Inspruck, published in the *Inspruck Med. Chir. Zeitung*.

1. In marriages where the mother is older than the father, the average number of male to that of female births is 90.6 : 100.

2. Both parents being of the same age, the proportion of boys to girls is 92 : 100.

3. The father being from three to six years older than the mother, the

number of male to that of female children is 103.4 : 100.

4. Where the father is from six to nine years older than the mother, the proportion is 124.7 boys to 100 girls.

5. The age of the father being from nine to twelve more than that of the mother, the proportion is 143.7 : 100.

6. Where the age of the father is eighteen years and more above that of the mother, the proportion of male to female births is 200 : 100.

7. Young men, from twenty-four to thirty-six, produce with young women, from fourteen to twenty-six, 116.6 boys to 100 girls.

8. If men between the age of twenty-four and thirty-six, are married to females between thirty-six and forty-six, the proportion of male to female children is 95.4 : 100.

9. Middle-aged men, from thirty six to forty-eight years, being mar-

ried to young females, the proportion of their male and female children is 176.9 : 100.

10. Middle-aged men, and middle-aged women, produce 114.3 male to 100 female children.

11. Middle-aged men, being married to women of a more advanced age, the proportion of male to female children is 109.2 : 100.

12. Old men and middle-aged women produce 190 male to 100 female children.

13. If husband and wife are both equally advanced in years, the proportion of their male and female children is 164.3 : 100.

Mode of suspending the Secretion of Milk.—M. Ranque, chief physician to the Hotel Dieu of Orleans, employs with success, to diminish the sensibility of the mammary gland, upon which the secretion of milk depends, frictions morning and evening upon the breast, with the following liniment:—R. Laurel water 3ij.; sulphuric ether 3i.; extract of belladonna 9ij. He prescribes at the same time rigid diet and sudorific drinks.

M. R., it is said, employs this liniment with success in engorgements of the testicles, after using antiphlogistics.—*Journal des Progrès.*

Vesicating Plaster.—Dr. Th. W. C. Martius recommends the following formula for this purpose. He says

it spreads easily, adheres well, and does not spoil.—R. Cantharid. contus. 3iv.; inf. c. aq. ebull. 3xx.; col. et evapor. leni igne ad syrupi consistentiam. Adde cer. flav. 3iv.; resin pini 3i.; ol. oliv., ol terebinth. 3i.; alcohol vini 3ij. M. exact.

The strength of this plaster may be increased by using a larger proportion of cantharides.—*Bul. des Sc. Med.*

Excision of enlarged Nymphæ.—Dr. Wagner has performed this operation with success in a girl aged eighteen, in which the nymphæ were enlarged to an extraordinary degree.—*Bul. des Sc. Méd., May, 1829.*

Pseudo-caries.—The shafts of bones, and especially the tibia, in consequence of chronic inflammation, are frequently enlarged, thickened, and at the same time loosened in their texture, which comes to have nearly the same appearance as that of the spongy articulating extremities. In bones so altered a state resembling caries occasionally occurs. Mr. Syme says that he has hardly ever known this pseudo-caries resist the local application of blisters, and internal use of mercury.—*Edinburgh Med. and Surg. Journ.*

Lithotomy.—Of eighty-three operations by the lateral method, performed by M. J. M. Viricel, at the Hôtel Dieu of Lyons, eighty were successful.—*Revue Médicale.*

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING NOVEMBER 14.

| Date. | Sex. | Age. | Disease. | Date. | Sex. | Age. | Disease. |
|---------|------|--------|-------------|-----------------------------------|------|--------|----------------------------|
| Nov. 5. | F. | 9 mo | lung fever | | F. | 50 yrs | inflammation in the bowels |
| | F. | 35 yrs | brain fever | | M. | 31 | consumption |
| 6. | F. | 33 | consumption | 10. | M. | 46 | pleurisy |
| | F. | 5 mo | lung fever | | F. | 13 mo | dropsy in the head |
| 7. | F. | 36 yrs | consumption | | M. | 4 d | |
| | M. | 12 | do. | | F. | 43 yrs | consumption |
| 8. | F. | 15 mo | infantile | | M. | 3 | measles |
| | F. | 52 yrs | consumption | 11. | M. | 60 | consumption |
| 9. | F. | 16 mo | measles | | M. | 50 | intemperance |
| | F. | 2 yrs | do. | 12. | F. | 67 | |
| | M. | 79 | cancer | 13. | F. | 4 | |
| | M. | 17 mo | measles | | M. | 22-3 | lung fever |
| | F. | 92 yrs | old age | | F. | 7 w | measles |
| | F. | 3 | measles | | | | |
| | | | | Males, 10—Females, 17. Total, 27. | | | |

ADVERTISEMENTS.

NEW BOOKS.

CARTER & HENDEE have just published and for sale—

A Manual of Materia Medica, and Pharmacy, comprising a concise description of the articles used in medicine; their physical and chemical properties, &c. &c. By H. M. Edwards, M.D. and P. Vasseur, M.D. Translated from the French, with additions, &c. by Joseph Tongo and E. Durand.

Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Chemistry, Materia Medica and Pharmacy, for the use of students. By Robert Hooper, M.D. from the last London edition, with upwards of one hundred additional questions, and an entire new chapter on Poisons.

The American Journal of the Medical Sciences, No. 11, for November, 1829. Nov. 24.

ANATOMICO-SURGICAL DRAWINGS, and Descriptions of all the Surgical Operations, according to the most approved methods. By L. J. VON BIERKOWSKY. Translated from the German. In two volumes, and 570 drawings on 58 folio plates.

EXTRACTS FROM THE PROSPECTUS.

"Encouraged by the approbation of the Medical Profession, it is proposed to publish a work under the present title."

"This work contains 570 drawings, on 58 plates folio; to which is annexed, in two volumes 8vo. a concise explanation of each surgical operation. The plates exhibit not only the parts interested in operations, in their natural position and size, but, what is much more important, represent the different acts or stages of the whole operation, while others exhibit delineations of such morbid affections as consist in the change of the natural position, structure, color, &c. In order to afford the work at a moderate price, the plates will be Lithographic; and for the purpose of securing perfect accuracy, engagements have been entered into for their preparation in Berlin, under the especial direction of two of the most distinguished Professors of the University of that city."

A specimen of the translation, and the plates, is deposited for inspection at the Bookstore of **CARTER & HENDEE**, who receive subscriptions for the work.

Subscribers will be furnished with the work, and the first impressions of the plates, at the price of \$30.

The subscription list will be open until the 1st of November, 1829, after which period the price of the work will be raised to \$40.

P. S. For the accommodation of subscribers the work will be issued in five Numbers, at \$6 each, payable on delivery. Sept. 29. 1S2O2N1D.

CARTER & HENDEE have just published,—The Constitution of Man, considered in Relation to External Objects. By **GEORGE COMBE**.

From the Preface to the American edition.

"Mr. Combe's work should be placed with those, of which so many within a few years have appeared, which are devoted to the all-absorbing topic of Education. It treats of moral, intellectual, and physical education. This is not formally done under so many distinct heads. But the whole course of reasoning of the author, and the whole array of all his illustrations, have it always obviously in view to show how the highest cultivation of each of these may be most surely brought about.

"The publishers have printed this edition from a belief that there is much in the work to interest the community.

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Sept. 8.

A TREATISE on the Scrofulous Disease, by **C. G. HUFELAND**, Physician to the King of Prussia, &c., translated from the French of M. Bousquet, by Charles D. Meigs, M.D., is just received and for sale by **CARTER & HENDEE**.

Sept. 8.

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.